

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
OFFICE OF THE CLERK**

RAVI SUBRAMANIAN
CLERK OF COURT
700 STEWART ST
SUITE 2310
SEATTLE, WA 98101

May 27, 2025

Jeffrey Stephens
63840509
12020 5TH AVE NE
SEATTLE, WA 98125

Your civil action, *Stephens v. Federal Bureau of Prisons*, was filed in the United States District Court Western District of Washington on May 19, 2025.

The case has been assigned to District Court Judge Ricardo S. Martinez and referred to Magistrate Judge Brian A Tsuchida, case number 2:25-cv-00999-RSM-BAT. All documents filed with the Court must include the entire case number in order to be properly posted on the docket.

The following deficiencies have been noted:

2241/2254 Filing Fee Not Paid

The filing fee requirement must be met by paying the \$5.00 filing fee or submitting an Application for In Forma Pauperis (IFP). An IFP form is enclosed for your convenience.

The deficiencies listed above must be corrected and filed with the Court by June 26, 2025.

Please return the requested documents to the address listed above. Failure to do so may affect the status of your case, including dismissal of the action by the Court.

NOTE: Prisoners housed in a DOC facility participating in the mandatory prisoner e-filing program should continue to file their documents electronically.

cc: file

UNITED STATES DISTRICT COURT

Western District of Washington

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Case Number: 2:25-cv-999 RSM-BAT

Petitioner

vs.

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Respondent(s)

**DECLARATION AND APPLICATION
TO PROCEED IN FORMA PAUPERIS
IN A FEDERAL HABEAS ACTION****DO NOT use this form if you are bringing
civil action.****DECLARATION AND APPLICATION TO PROCEED IN FORMA PAUPERIS**

I (print your name) _____ declare I am the petitioner in this habeas proceeding; I believe I am entitled to relief; and I am unable to pay the costs of this proceeding or give security thereof.

This action proceeds pursuant to: 28 U.S.C. §2241 §2254 §2255

In support of this application, I answer *all* of the following questions:

1. Are you presently employed?

Yes Total amount of net monthly salary (take home pay) \$ _____

Name and address of employer _____

No Date of last employment _____

Amount of net monthly salary when last employed \$ _____

2. For the past twelve months, list the amount of money you have received from any of the following:

- | | |
|--|----------|
| a. Business, profession or other self-employment | \$ _____ |
| b. Income from rent, interest or dividends | \$ _____ |
| c. Pensions, annuities or life insurance payments | \$ _____ |
| d. Disability, unemployment, workers compensation or public assistance | \$ _____ |
| e. Gifts or inheritances | \$ _____ |
| f. Money received from child support or alimony | \$ _____ |
| g. Describe any other source of income _____ | \$ _____ |

3. List the amount for each of the following (include prison account funds):

Cash on hand \$_____

Checking Account \$_____

Savings Account \$_____

4. Do you own or have any interest in any real estate, stocks, bonds, notes, retirement plans, automobile or other valuable property (excluding ordinary household furnishings and clothing)?

If Yes, describe the property and state its approximate value:

Yes

	\$
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\$

No

	\$
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5. Are any persons dependent upon you for support? If Yes, state their relationship to you, and indicate how much you contribute toward their support each month. (Do not include names of minor children.)

Yes

	\$
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\$

6. Describe the types of monthly expenses you incur, such as housing, transportation, utilities, loan payments or other regular monthly expenses and the amount spent each month.

	\$
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\$

7. Provide any other information that will help explain why you cannot pay court fees and costs.

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I declare under penalty of perjury that the foregoing is true and correct.

Executed on: (Date)

Signature of Applicant

CERTIFICATION

Have the institution fill out the Certification portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

I certify that the applicant named herein has the sum of \$_____ on account to his/her credit.

(Name of Institution) _____

Executed on: (Date)

Signature of Financial Officer